

REPORT: S472N111-01
PLACEMENT EXIT

IOWA DEPARTMENT OF HUMAN SERVICES
FAMILIES AND CHILDREN SERVICES
FOSTER CARE AND/OR SUBSIDIZED ADOPTION INFORMATION EXCHANGE

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05/13/96 07.27.52

IM COUNTY: 57 IM WORKER NUMBER: CHF4
SERVICE WORKER/JCO NAME: WORKER, SERVICE
SERVICE WORKER NUMBER: ESY1

SERVICE WORKER/JCO COUNTY: 57

CHILD NAME: TESTER, TESTIE STATE-ID: 0999999X DOB: 19790518 SSN: 999999999
SCHDOL GRADE: 10 PREGNANT: N PRIOR FIP: PRIOR-IVE: PRIOR-SSI: URM:
PROJECTED PAYMENT: 1,483.50 ADOPTION SUBSIDY: 0.00 ADOPTION FINAL DATE: ADOPTION DATE RESCIND: 00/00/0000

MOTHER NAME: TESTER, MAHA ADDRESS-1: ADDRESS-2: MARITAL STATUS: MARRIED
EMPLOYER NAME: PARENT TYPE: BIRTH CITY: STATE: ZIP:
EMPLOYER PHONE:

FATHER NAME: ADDRESS-1: ADDRESS-2: MARITAL STATUS:
EMPLOYER NAME: PARENT TYPE: CITY: STATE: ZIP:
EMPLOYER PHONE:

PLACEMENT TYPE: FOSTER CARE PLACEMENT INITIAL PLACEMENT DATE: 08/24/1995
CURRENT PLACEMENT DATE: 02/15/1996 LEVEL OF CARE: ENHANCED RESIDENTIAL TREATMENT
JCO PLACEMENT: V

PLACEMENT NAME: FACS PROJECT COUNTY: 77 CITY: DES MOINES PHONE NUMBER:
PLACEMENT ADDRESS-1: 307 E. 7TH STATE: IA ZIP-CODE: 50309-0000-000
PLACEMENT ADDRESS-2:
PLACEMENT IVE: Y SERVC IVE: N INFORMATIONAL ONLY==> MAINT IVE: N ADMIN IVE: N

ESTIMATED PLACEMENT DAYS: 00185
PERMANCY GOAL: LONG TERM FOSTER CARE FACILITY
INTERSTATE PLACEMENT: N

PLACEMENT EXIT DATE: 04/16/1996
PLACEMENT EXIT REASON: CHANGE IN PLACEMENT
HOSPITAL PLACEMENT: EXTRA-PMIC-DAYS: PMIC EXIT DATE:

SIBLINGS IN PLACEMENT:

LAST NAME	FIRST NAME	MIDDLE NAME	STATE-ID	SSN	DOB	SEX	RELATIONSHIP
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CHILDREN OF TEENAGE PARENT:

LAST NAME	FIRST NAME	MIDDLE NAME	STATE-ID	SSN	DOB	SEX	HOUSEHOLD-IND
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EARNED INCOME	UNEARNED INCOME	RESOURCE/ESCROW
47.56	0.00	0.00
10.70	0.00	0.00